

A40053603

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;">AK-G52-7703</td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> </table>	S	AK-G52-7703	T/A	C	F			D
S	AK-G52-7703	T/A	C								
F			D								
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE									
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.									
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .											
SPECIFIC QUESTIONS		SPECIFIC QUESTIONS									
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S. ? (FORM 2A)		B. Does or will this facility (<i>either existing or proposed</i>) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S. ? (FORM 2B)									
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		D. Is this a proposed facility (<i>other than those described in A or B above</i>) which will result in a discharge to waters of the U.S. ? (FORM 2D)									
E. Does or will this facility treat, store, or dispose of hazardous wastes ? (FORM 3)		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)									
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)									
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)									
III. NAME OF FACILITY 1 SKIP Icicle Seafoods - Arctic Star @ Saint Paul Island											
IV. FACILITY CONTACT A. NAME & TITLE (<i>last, first, & title</i>) 2 Clutter, Michael Environmental Compliance Officer B. PHONE (<i>area code & no.</i>) (206) 281-0313											
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 4019 21st Ave West B. CITY OR TOWN 4 Seattle C. STATE WA D. ZIP CODE 98199											
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 Township-35 South, Range 132 West, 57 07 48N, 170 16 15W B. COUNTY NAME C. CITY OR TOWN 6 Saint Paul Island D. STATE AK E. ZIP CODE 99660 F. COUNTY CODE (<i>if known</i>)											

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND										
C	7	2	0	9	2	(specify) 2092 Prepared Fresh or Frozen Fish and Seafoods	C	7			(specify)									
15	16									15	16									
C. THIRD										D. FOURTH										
C	7					(specify)	C	7			(specify)									
15	16									15	16									

VIII. OPERATOR INFORMATION

A. NAME															B. Is the name listed in Item VIII-A also the owner?																													
C	8	I	c	i	c	e	S	e	a	f	o	o	d	s	, I	n	c	.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																									
15	16																55	56																										
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)																									D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE															M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify) Private										(206) 282-0988									
P															56																				15 16 17 18 19 20 21 22 23 24 25									

E. STREET OR P.O. BOX																																						
P. O. Box 79003																																						
28																									50													
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND								
C	B	S	e	a	t	t	e													WA					98119					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15	16																				40	41	42	43	44	45	46	47	48	49	50	51	52					

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	9	N													C	9	P													
15	16	17	18												30	15	16	17	18											
AK-G52-7703															ORL000339															
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	9	U													C	9														
15	16	17	18												30	15	16	17	18											
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
C	9	R													C	9														
15	16	17	18												30	15	16	17	18											

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

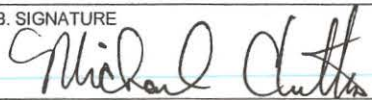
XII. NATURE OF BUSINESS (provide a brief description)

The Icicle Seafoods facility consisted of the processing barge Arctic Star, securely moored in the Southeast corner of Village cove at a concrete and earth dock known as West Landing. An existing building located in the uplands adjacent to the West Landing is used for storage of processing equipment and supplies.

Crab harvesting vessels offload their catch by brailer while moored alongside the Arctic Star. The living crab are butchered, washed, packed, cooked, frozen and boxed onboard by crewmembers living on the Arctic Star. Finished product is offloaded to 40' refrigerated containers on the beach, then stored in an offsite area maintained by the shipping company(s). When the crab season is finished the Arctic Star leaves the harbor and processes in other areas of the state.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Michael Clutter																														6/20/07									

COMMENTS FOR OFFICIAL USE ONLY

C																												
C																												
15	16																							55				

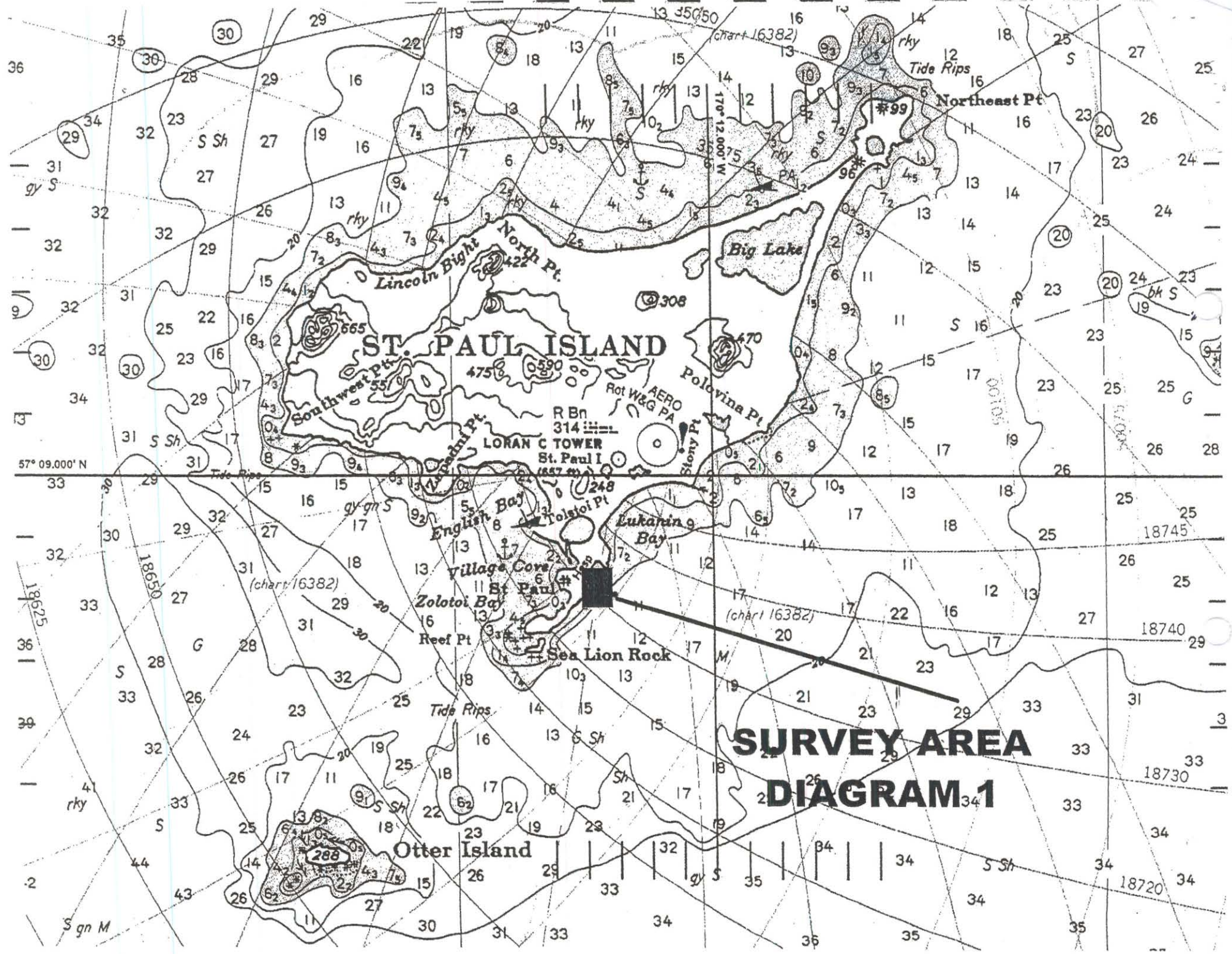
Supplement to EPA Form 1
General Information

Submitted by:
Icicle Seafoods, Inc
P.O. Box 79003
Seattle, WA 98119

X. Existing Environmental Permits – Additional Permit Numbers

A. NPDES (Discharges to Surface Water)

- i. **AK-G52-0062** ~ The Processing Barge Arctic Star, a mobile processing facility that moves throughout the year in order to participate in multiple Alaskan fisheries operates under this NPDES General Permit number when not at Saint Paul Island.



SURVEY AREA
DIAGRAM 1

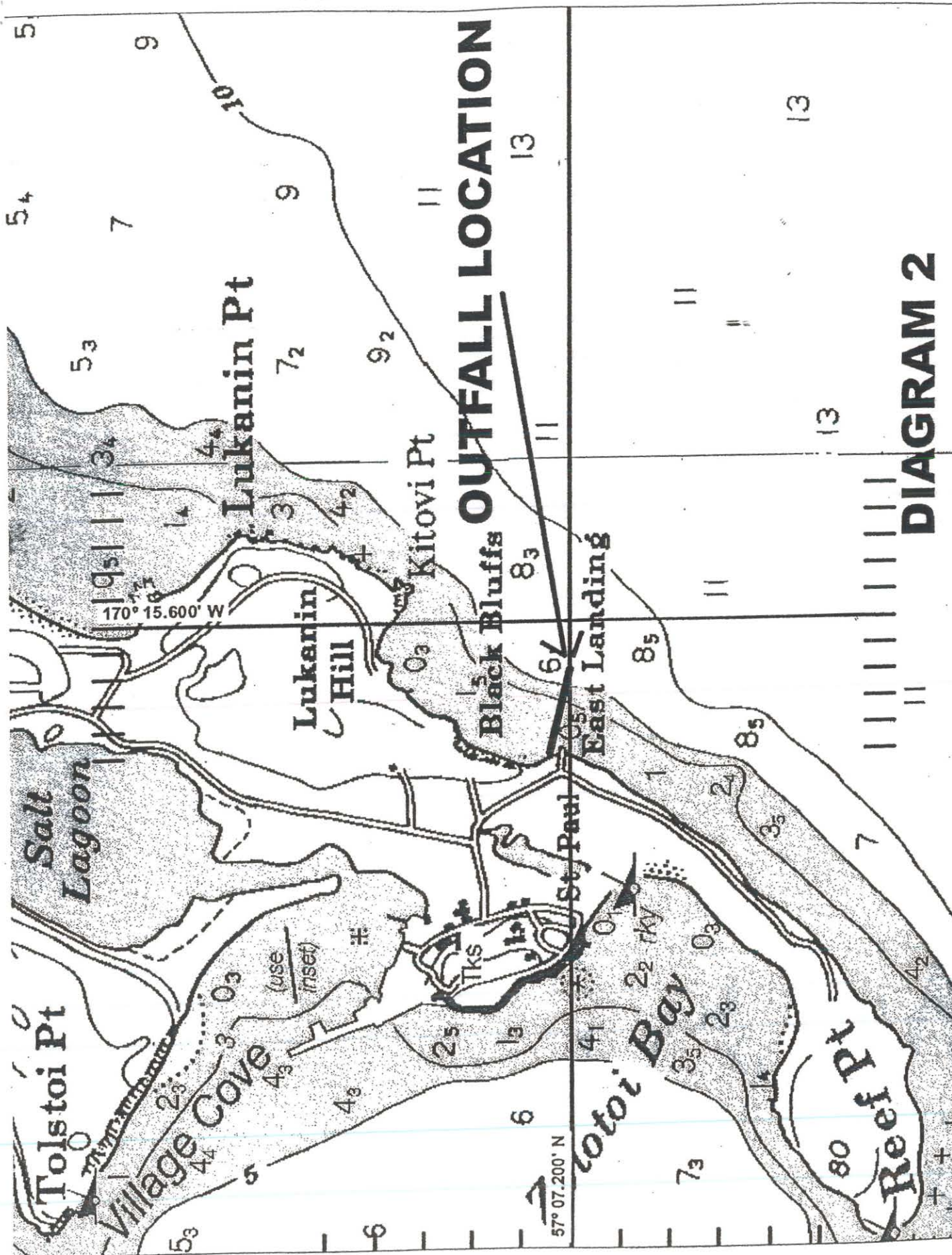
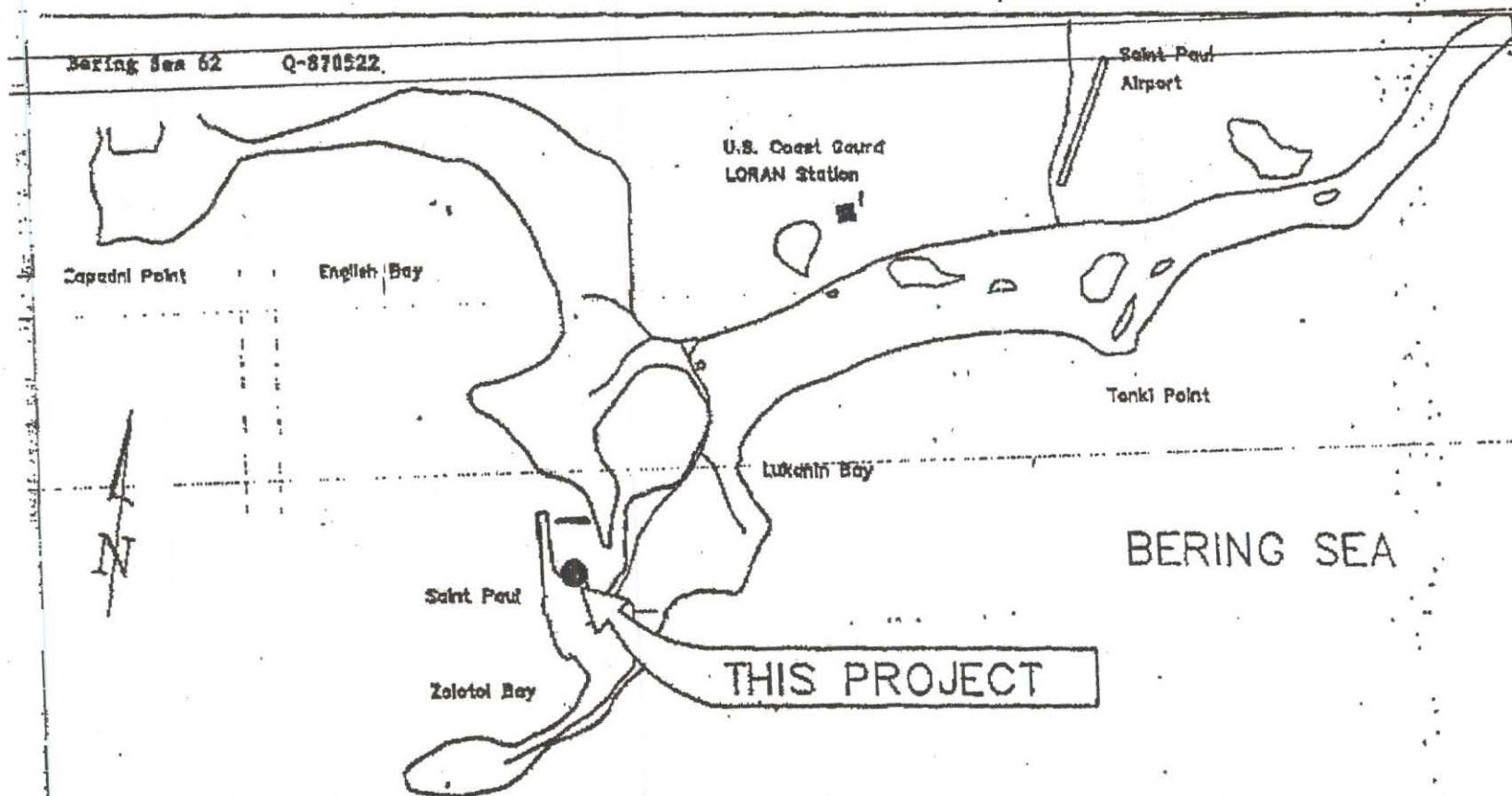


DIAGRAM 2



PURPOSE:

SITE LOCATION: T 35 S R 132 W,
SECTION 25, S.M.

REFERENCE MAP:

ADJACENT PROPERTY OWNER:
CITY OF SAINT PAUL

VICINITY MAP

SCALE 1"=4000'

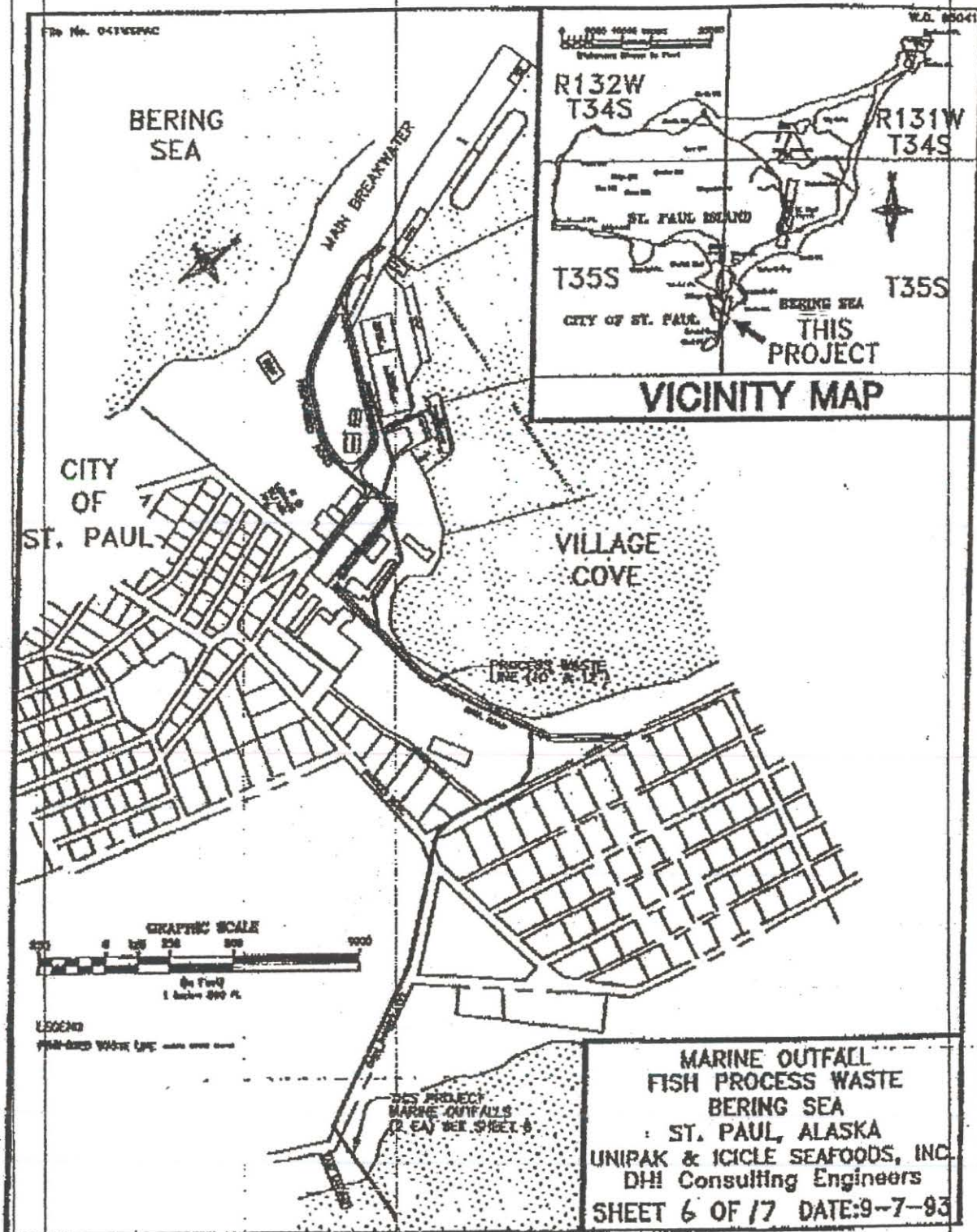
APPLICANT: TANADGUSIX CORPORATION
P.O. BOX 88
ST. PAUL ISLAND

TANADGUSIX CORPORATION
TIDELANDS LEASE
APPLICATION FOR
WATERFRONT IMPROVEMENTS

SHEET 1 OF 17

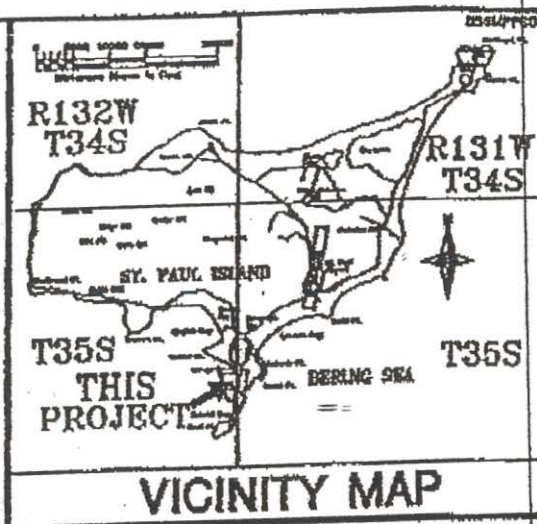
REVISION DATE 12-19-91

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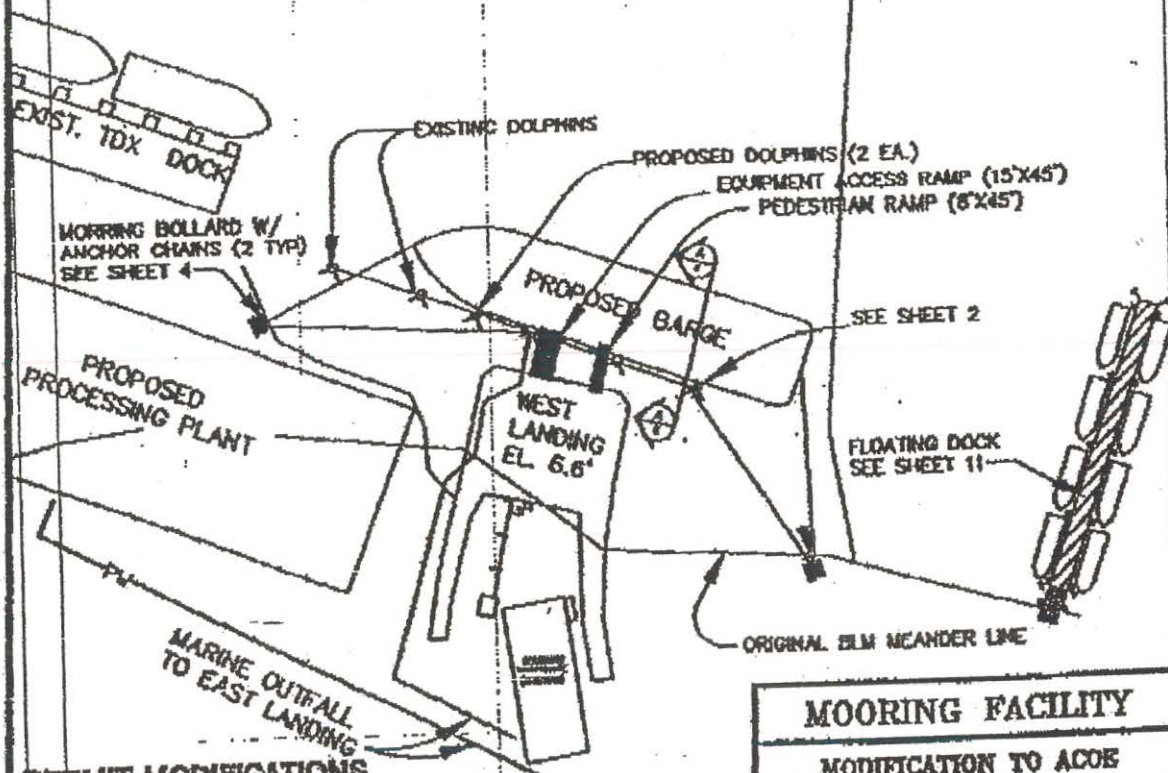




PLAN VIEW
SCALE: 1" = 100'



TDX TIDELAND LEASE AREA
(-23 FEET)



PERMIT MODIFICATIONS

- 2 DOLPHINS
- 2 MOORING BOLLARD W/ ANCHOR CHAINS
- 2 ACCESS RAMPS
- 2 MARINE OUTFALLS
- FLOATING DOCK

MOORING FACILITY

MODIFICATION TO ACOE
PERMIT NO. R-870622
BERING SEA 82
TANADGUSIK CORPORATION
WATERFRONT IMPROVEMENTS
ST. PAUL ISLAND VILLAGE COVE
DHI CONSULTING ENGINEERS
206 282 7222

File No. D56A57AD



APPROXIMATE SHORELINE

CITY
OF
ST. PAULVILLAGE
COVE

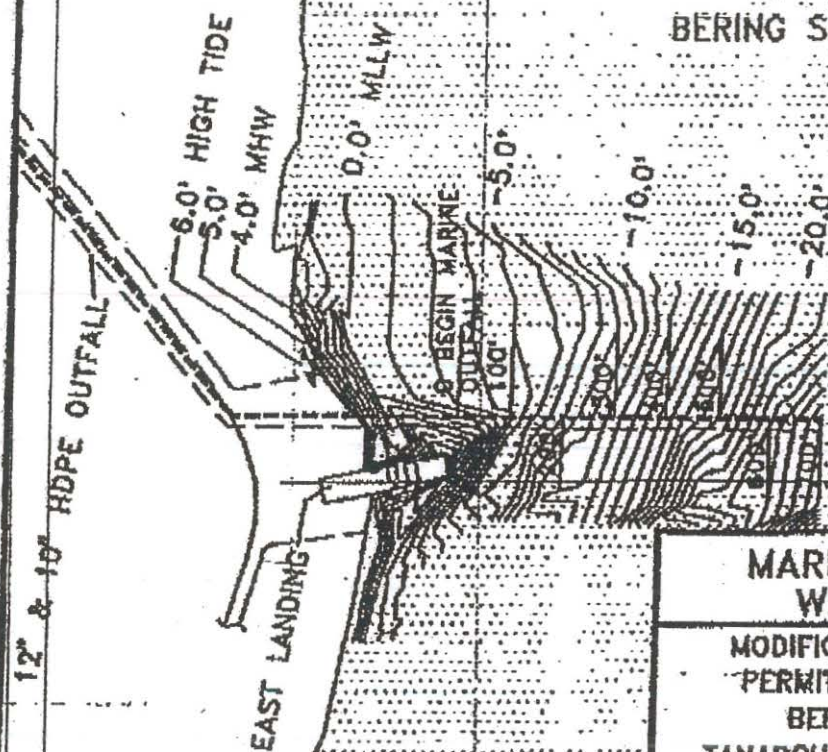
W.D. 83000

Scale 0 100 200 300 400
Feet
1 inch = 125 ft.

LEGEND
PROPOSED WASTE LINE

VICINITY MAP

BERING SEA



SCALE: 1" = 300'

MARINE OUTFALL
WASTE LINE

MODIFICATION TO ACOE

PERMIT NO. R-870522

BERING SEA 62

TANADGUSIX CORPORATION

WATERFRONT IMPROVEMENTS

ST. PAUL ISLAND VILLAGE COVE

DHI CONSULTING ENGINEERS

SHEET 7 OF 17 DATE: 9-7-93

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

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CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES (complete the following table)☐ NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW					
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		C. DURATION (in days)	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		
OUTFALL #1	Domestic uses - Gray Water	7	2	.004 MGD	.004 MGD	.24 MGY	.004 MGD	60	
	Domestic uses - Marine Sanitation Device (MSD)	7	2	.005 MGD	.005 MGD	.30 MGY	.005 MGD	60	
	Processing water - Salt water	7	2	.1 MGD	.1 MGD	6.0 MGY	.1 MGD	60	

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☐ YES (complete Item III-C)☒ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (copy from Item 1 of Form 1)

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE OF THE POLLUTANTS LISTED IN TABLE 2c-3 ARE DISCHARGED FROM OUR OUTFALL.	NA	NA	NA

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

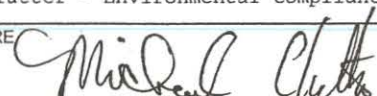
☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

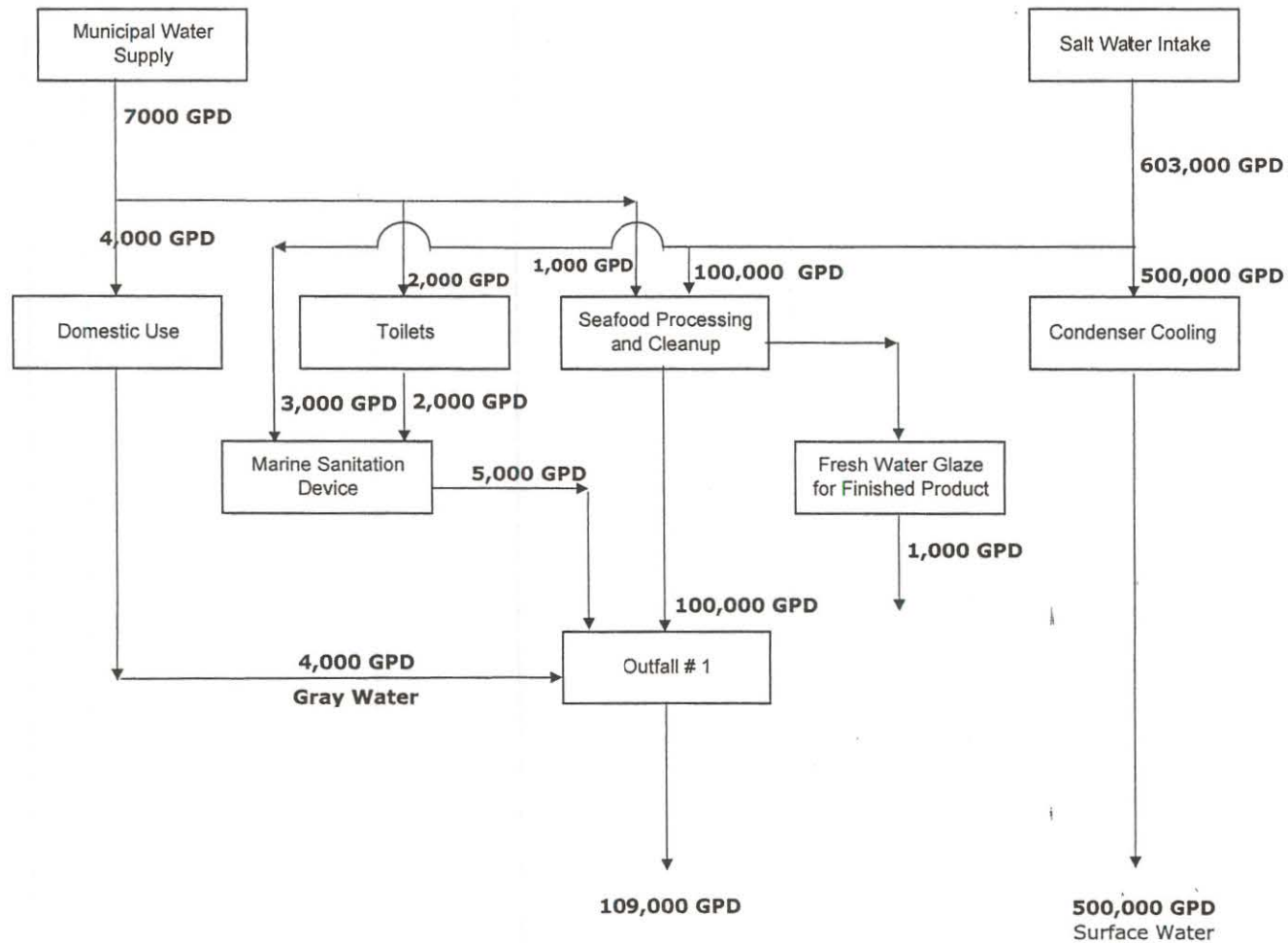
A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) Michael Clutter - Environmental Compliance Officer	B. PHONE NO. (area code & no.) (206) 282-0988
C. SIGNATURE 	D. DATE SIGNED 7/16/07

**ICICLE SEAFOODS - SAINT PAUL ISLAND
ARCTIC STAR PLANT WATER USE FLOW DIAGRAM**



EPA I.D. NUMBER (copy from Item 1 of Form I)

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

Please print or type in the unshaded areas only.

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C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

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				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		
OUTFALL #1	Domestic uses - Gray Water	7	2	.004 MGD	.004 MGD	.24 MGY	.004 MGD	60	
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A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

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B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

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C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUED FROM PAGE 2

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VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

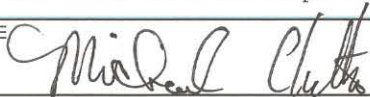
A. NAME & OFFICIAL TITLE (type or print)

Michael Clutter - Environmental Compliance Officer

B. PHONE NO. (area code & no.)

(206) 282-0988

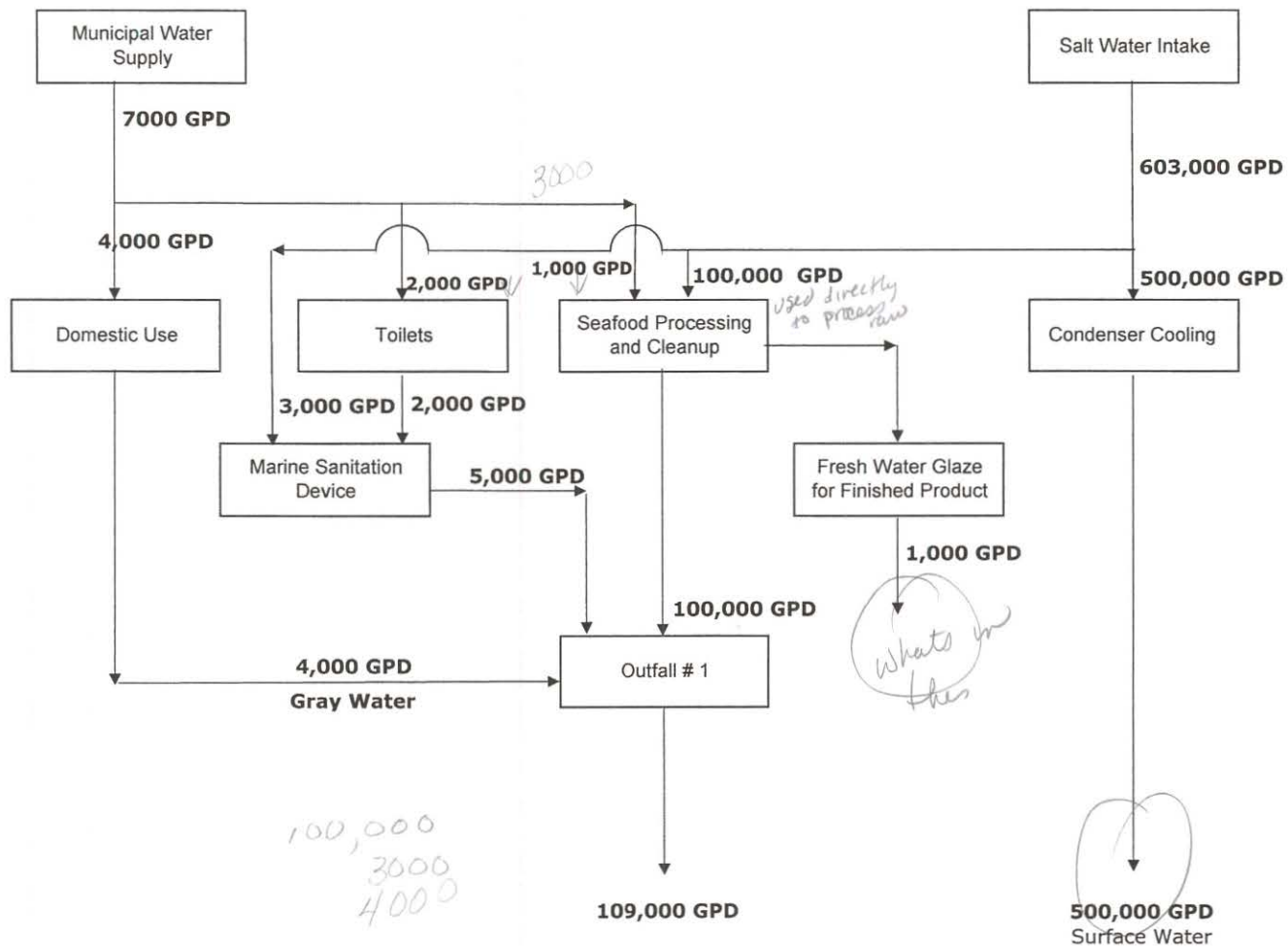
C. SIGNATURE



D. DATE SIGNED

7/16/07

**ICICLE SEAFOODS - SAINT PAUL ISLAND
ARCTIC STAR PLANT WATER USE FLOW DIAGRAM**



**P/B ARCTIC STAR
Pribilof Individual Permit Application Information**

1) Permit Information

NPDES Number	AK-G52-7703
ADEC-EH Processing Number	AK 46D

2) Facility or Vessel Information

- a. For seafood processing facilities discharging through a stationary outfall
 - . A legible area map of the location of the facility and outfall
(Enclosed)
 - . US Coast Guard Vessel Number
501203

3) Outfall Information

- a. Seafood processing facilities discharging through a stationary outfall must provide the following information:
 - . The distance in feet of the outfall at MLLW from the shore to the end of the outfall pipe at which the effluent is discharged
920 feet
 - . The water column depth in feet at the outfall at MLLW seafloor to water surface
minus 34 feet
 - . The depth of the outfall at MLLW (outfall to water surface)
minus 31 feet
 - . A copy of the most recent structural integrity inspection of the outfall
Enclosed
 - . Provide the date that recommendations resulting from the inspection were completed
11/15/2005
 - . Date of next scheduled outfall inspection
Fall 2007

4) Projected production information

- . The maximum quantity of each raw product which can be processed in a 24-hour day
Crab 190,000 lbs
Cod 150,000 lbs

5) Description of discharges

- a. Provide the name(s) and type(s) of grinder(s) used to treat seafood processing waste and wastewater, and; the design grinding dimension
Autio Model 8 grinder and a Vaughn chopper pump.
Less than 1/2 inch

Arctic Star Pribilof Information

- b. Provide the projected maximum quantity in pounds of the seafood processing waste residues by species that is projected to be discharged on a daily and annual basis
 - . Crab 65,000 lbs per day 7,150,000 lbs per year 107 days
 - . Cod 60,000 lbs per day 2,700,000 lbs per year 45 days
- c. Identify the type of sanitary wastewater treatment system.
 - . MSD Type Orca II Installed in October 2003 10,000 gal capacity
 - 330 persons USCG Certification # 159.015/6309/0
 - Expiration - February 15, 2011

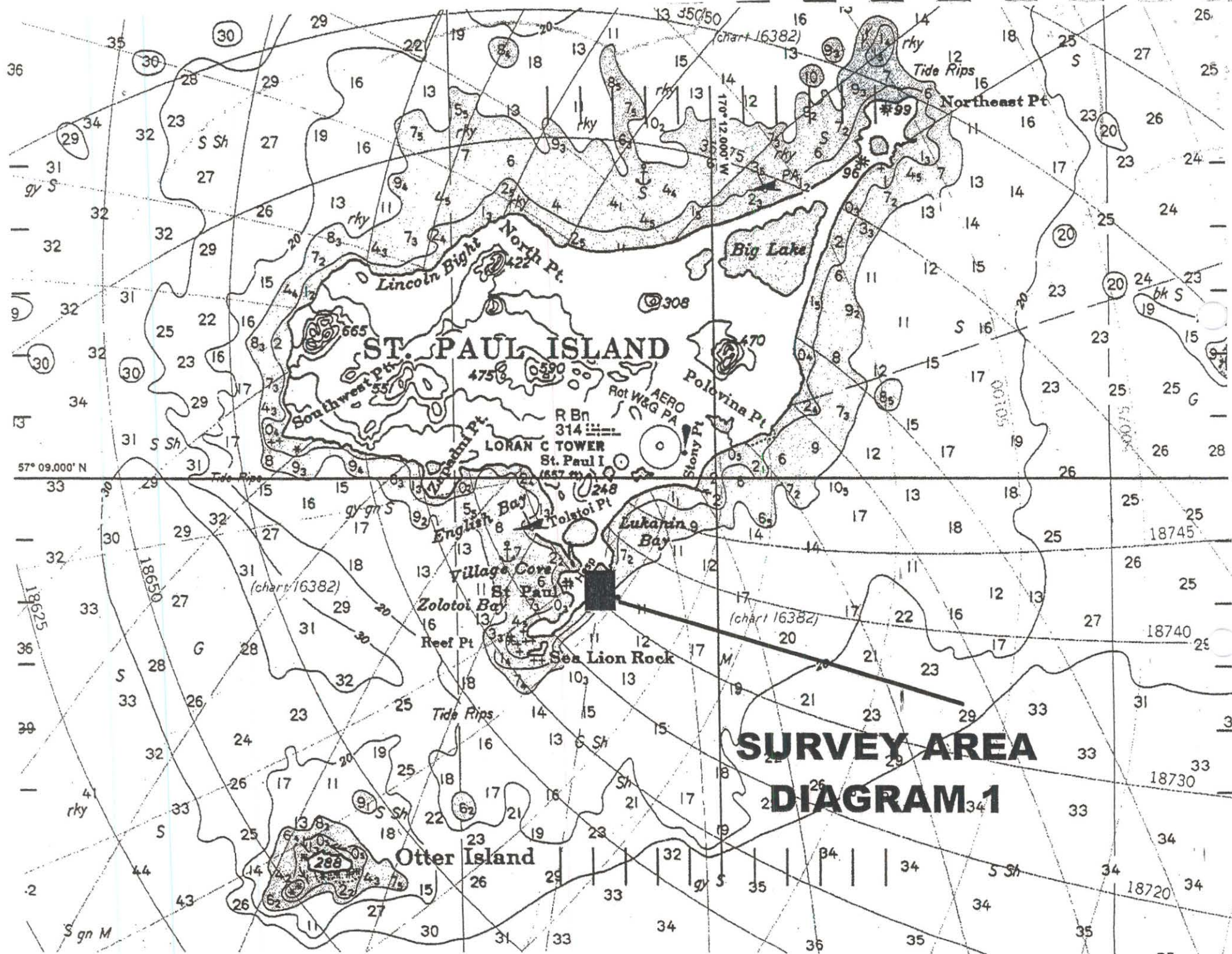
6) **Receiving water information**

- a. For seafood processing facilities discharging through stationary outfalls, include a legible bathymetric map of the receiving water within one (1) -- nautical mile of the discharge

Enclosed

7) **Refueling capability and proximity to fueling stations**

Arctic Star does not fuel fishing boats inside St. Paul harbor
The closest fueling station is 150 feet west.



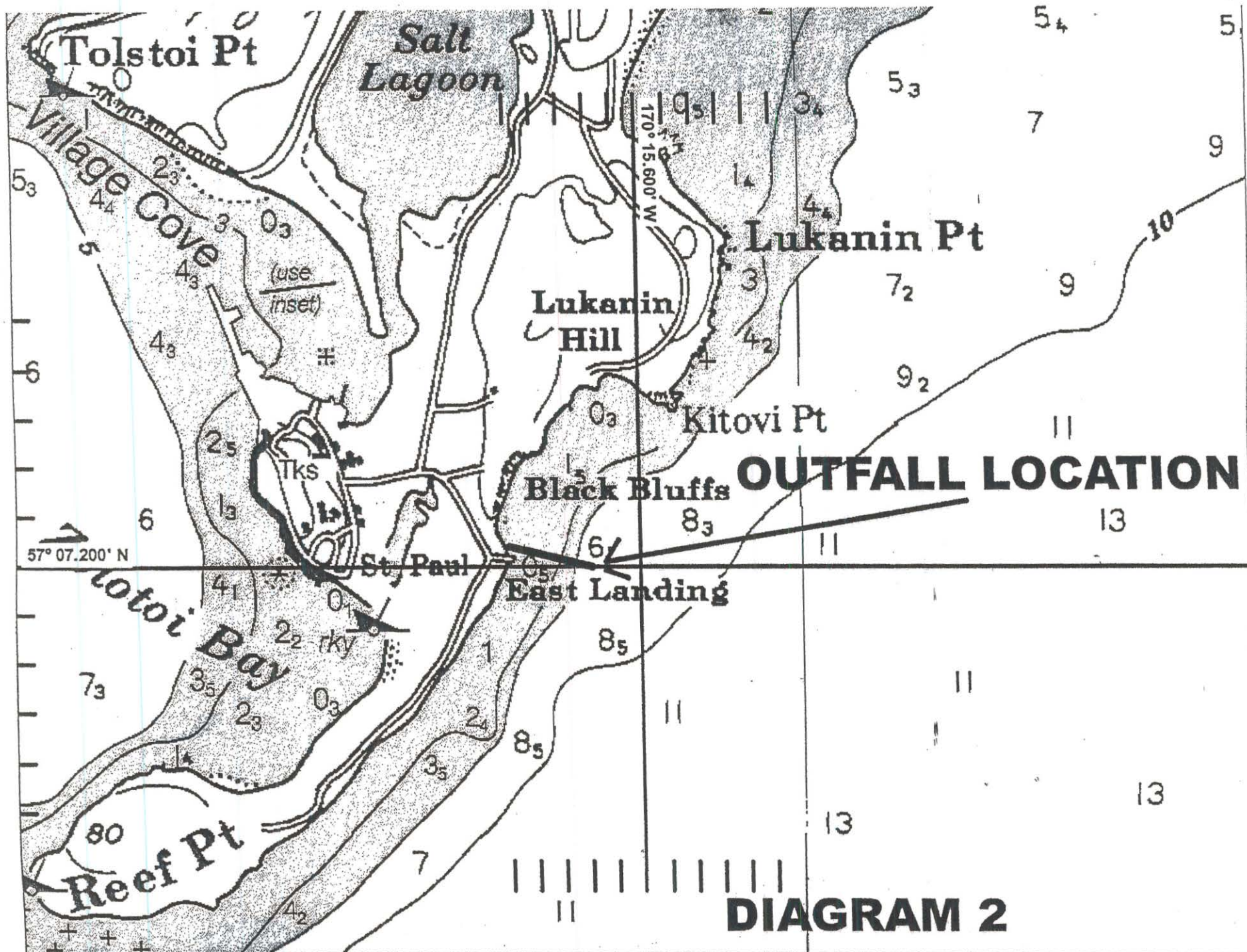


DIAGRAM 2

16382 ST PAUL ISLAND (SCALE 1:50000)
(Not For Navigational Use!)